ATTACHMENI 4.18-A

Page 1 OMB NO: 0938-0193

Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

ئز. The following charges are imposed on the categorically needy for services other than those proviced under section 1905(a)(1) through (5) and (7) of the Act:

TX No. 93-4	Prescription Services	Service
Approval Date		Type Deduct.
SEP 1 6 1992		Type of Charge Coins.
	<b>-</b> 7	Copay.
Effective Date JUL 0 1 1992	Co-payment for each service supplied except for those specifically excluded in §4.18(b).	Amount and Basis for Determination

Supersedes
IN No. 41-19

Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985 ATTACHMENT 4.18-A Page 2 OMB NO.: 0938-0193

STATE PLAN	UNDER	TITLE	XIX	OF THE	SOCIAL	SECURITY	. ACT

State:	<u>Maryland</u>	 	· · · · · · · · · · · · · · · · · · ·	
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- B. The method used to collect cost sharing charges for categorically needy individuals:
  - Providers are responsible for collecting the cost sharing charges from individuals.
  - The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The provider must accept the recipient's statement of inability to pay the co-payment charge as being unable to pay when the statement is made when presenting the prescription to be filled.

TH Ho. 91-19 Superrades TH Ho. 91-5

Approval Date \_\_\_\_\_

Effective Date JAN 01 199

HCFA ID: 0053C/0061E

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## STATE PLAY UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State: .	Maryland	 		· .	

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:
  - 1. Under 21 Notation of age is included on MA card, EVS system and recipient information in the system.
  - 2. Notation of pregnancy noted by the prescriber or dispenser on the invoice or magnetic tape bill.
  - 3. HMO enrollment noted on EVS system.
  - 4. Long term care residents nursing home provider number included on invoice.
  - Exception for family planning products noted by NDC code identification of all exempted products.
- E. Cumulative maximums on charges:
  - $\frac{1}{2}$  State policy does not provide for cumulative maximums.

TY No. 91-19 Supersedes

Approval Pace \_\_\_\_\_\_
Date \_\_\_\_

JAN 01 1991

<u>-5.</u> HCFA ID: 0053C/0061E